_05000026518

| (Requestor's Name) | | |
|---|-------------------------------------|--|
| (Address) | 8001 | 59548548 |
| (Address) | | 0901015008 **30.00 |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | · |
| Special Instructions to Filing Officer: | | |
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| | B KOUD | FILED 9 AUG 17 AM II: 15 CORETARY OF STATE LLAHASSEE, FLORIDA |
| Office Use Only | B. KOHR AUG 2 0 2009 EXAMINER | FILED AUG 17 AM II: 15 ARETARY OF STATE ANASSEE, FLORID |
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COVER LETTER

TO: Registration Section Division of Corporations

PROPERTIES LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kicumens GRASOW Name of Person GRABOW PARPERFIES LLC. Fim/Company Hwy 2) Address 43824 DAVENPART, FL 33837 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kiumo GLAST at (<u>863) 4242120</u> Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

✓\$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

| . ARTICLES OF AMENDMENT | | | | |
|--|--|--|--|--|
| ТО | | | | |
| ARTICLES OF ORGANIZATION | | | | |
| OF | | | | |
| GRALOW PROPERTIES LLC | | | | |
| (Name of the Limited Liability Company as it now appears on our records.) | | | | |
| (A Florida Limited Liability Company) | | | | |
| (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $3/12/2005$ and assigned Florida document number 20500026518 | | | | |
| The Articles of Organization for this Limited Liability Company were filed on | | | | |
| Florida document number <u>/ 050000265</u> /8 | | | | |
| | | | | |
| Florida document number 20500026578 | | | | |
| | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | |
| | | | | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." | | | | |
| | | | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new | | | | |
| registered agent and/or the new registered office address here: | | | | |
| | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| Enter Florida street address | | | | |
| Flavida | | | | |
| , Florida City Zip Code | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| Then registered regard a pignature in changing registered register. | | | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

, If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

•

MGR = Manager MGRM = Managing Member

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| <u>Title</u> | Name | Address | <u>Type of Action</u> | |
|---------------------------------|--|---|-----------------------|--|
| MGR | SyED RAZA | 4/12 MULLEN AVE TAMPA, R 33609 | Add Remove | |
| | | | Add Remove | |
| | | | _ Add _ Remove | |
| <u></u> | | | Add Remove | |
| | | | Add Remove | |
| | | | Add Remove | |
| D. If amendir | ng any other information, enter change | (s) here: (Attach additional sheets, if necessary.) | _ | |
| | | · · · · · · · · · · · · · · · · · · · | - | |
| Dated | 8/10/2005, | | _ | |
| | Signature of a member | or authorized representative of a member | | |
| Typed or printed name of signee | | | | |
| Page 2 of 2 | | | | |

Filing Fee: \$25.00